

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

ARIZONA STATE HOSPITAL
ADVISORY BOARD
ANNUAL REPORT
1988



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EXECUTIVE SUMMARY

The Arizona State Hospital Advisory Board has eleven members representing specific areas of interest throughout the community. The Board serves in an advisory capacity to the Assistant Director of the Division of Behavioral Health Services and to the Superintendent of the Arizona State Hospital with respect to the Hospital's goals, facilities, maintenance, staffing programs, services, and policies. While there were initial delays in filling all of the appointments, the Board now has a full complement of members since October, 1988.

As outlined in A.R.S. § 36-217, this report addresses the following topics:

- a. The extent to which the Hospital meets the needs of its patients.
- b. The extent to which the Hospital is effectively participating in the behavioral health continuum of care.
- c. Legislative recommendations for the Hospital.
- d. Budgetary recommendations for the Hospital.

PATIENTS SERVED

Between July 1, 1987 and June 30, 1988, the Arizona State Hospital census evidenced a significant and steady decrease from 544 to 501 patients. There were 698 admissions, with an average daily census of 528 patients. A total of 1,199 patients received care during the fiscal year and 190,652 of patient days were recorded.

Of the patients admitted, 80% were court ordered. There were 399 males (57%) and 299 females (43%). The historical trend of having most admissions from Maricopa County continued with 64%. Pima County accounted for almost 10% of the admissions and the five northern counties referred approximately 11%. Yuma County showed the greatest admission rate with 34 admissions (38.0 admissions/100,000 population).

HOSPITAL ACCOMPLISHMENTS

- * Maintenance of the Hospital's accreditation by the Joint Commission on Healthcare Organization (JCAHO). All prior deficiencies were removed in 1988.
- * Development and implementation of a Hospital-wide Chemical Dependency Program.
- * Institution of a Patient Oriented Sexually Transmitted Disease Prevention Program.
- * Implementation of a Hospital-wide Quality Assurance Committee.
- * Establishment of on-grounds Medical Clinics for Surgical, GYN and Podiatry specialty areas.
- * Recruitment of three Board Certified Non-Psychiatric Medical Providers.
- * Decreased vacancy rate for direct care Registered Nurses.
- * Computerization of budgetary data, streamlining of management communication, and a total reorganization of Fiscal Services and Administration.
- * Coordinated with the community and the Office of Community Behavioral Health in design of Psychiatric Health Care Facilities and Re-Entry Facilities for implementation during FY88-89.

FUTURE HOSPITAL CHALLENGES

- * Continued aggressive maintenance of the current Hospital campus.
- * Continued asbestos containment and minor abatement.
- * Renovation of the Dietary and Laundry buildings.
- * Aggressive staff recruitment and retention of current Hospital staff.
- * Lack of appropriate out-patient or non-Hospital based facilities for elderly, physically incapacitated or developmentally disabled psychiatric patients.
- * Need for completion of a Master Plan for new replacement and/or renovation.

RECOMMENDATIONS

- * Implement a complete architectural Master Plan for future campus renovation and replacement.
- * Maintain and expand Psychiatric Health Facilities statewide.
- * Maintain current budget with adjustments for increases in operational costs, employee benefits, employee/patient ratios, and improved quality of care.
- * Clarify Behavioral Health/ACCHS issues, particularly as related to county services, long-term care, and statewide behavioral health plan.
- * Continue to examine and develop the role of the Advisory Board, particularly in advocacy activities and on the Human Rights Committee.

- * Increase interaction between ASH youth services and community mental health systems for children/adolescents.
- * Examine the statutory and administrative requirements for state personnel and procurement processes.
- * Continue to negotiate with the Maricopa Medical Center Psychiatric Residency Training Program for the re-establishment of residency positions at the Arizona State Hospital.
- * Facilitate the opening of the family support center by providing adequate staffing and equipment.

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ADVISORY BOARD STRUCTURE

The Arizona State Hospital Advisory Board was created in 1984 by ARS 36-217 to ensure that specific interest groups were represented and provided input into the discussions of Hospital activities.

These groups are represented by:

Judge Michael Irwin, Chairperson
(Juvenile Court Judge)

Commissioner Margaret Houghton
(Superior Court Judge)

Sue Gilbertson
(Family Member)

Sam Ciulla
(Family Member)

Lisa Whitaker, Ph.D.
(Non-Health Care Provider)

Joe Ritter
(Member from Insurance Industry)

Kate McMillan
(Licensed Attorney)

Mary B. Espinoza
(Public Fiduciary Representative)

Joseph A. Castillo
(Member from Corporate Industry)

Marilyn Heins, M.D.
(Non-Psychiatric Physician Member)

Paula Garner
(Member from Banking Community)

The Board serves in an advisory capacity to the Assistant Director of Behavioral Health Services and to the Superintendent of the Arizona State Hospital with respect to the Hospital's goals, facilities, maintenance, staffing, programs, services, policies, budget, contracts, and coordination of services with community service providers. Monitoring compliance with the standards for patient rights, assisting in community education regarding the role of the Arizona State Hospital in the continuum of mental health care and identifying alternative funding sources for the Hospital are additional functions of the Advisory Board.

Delays in appointing new board members to replace those whose terms had expired caused postponements of meetings in 1987. There were only four appointees at the beginning of 1987 but this group decided to begin meeting even though they represented less than half of the membership. The remaining appointments were completed in October, 1988.

BOARD ACTIVITIES

Consistent with its review of past years' activities, the Advisory Board assumed a proactive stance this year on Hospital issues. In addition to the specific activities cited below, the Board members assumed an aggressive group and individual position on advocacy for the behavioral health system and the Hospital. The representation of various interest groups assisted greatly by giving the Superintendent multifaceted perspectives on many critical issues.

Advisory Board members took an active role in a number of initiatives:

- * The Board aggressively developed a mailing for fund raising which resulted in donations benefitting the Commissary and other patient activities.
- * As a result of the Board's interest, apprentices from the Carpenter's Union donated their labor to build a number of ramadas for patient use.
- * Active participation in the legislative session by Board members assisted in achieving significant budget increases for behavioral health, particularly for children's programs and alternative care settings for the chronic mentally ill.
- * A joint breakfast meeting was held with the Southern Arizona Mental Health Center's Advisory Board to discuss mutual roles, the functions of each facility, and the possibility of a jointly sponsored mental health conference.
- * The Advisory Board sponsored an Interfaith Breakfast to expose religious community leaders to the needs of the mentally ill.

PATIENTS SERVED

Between July 1, 1987 and June 30, 1988, the Arizona State Hospital census evidenced a significant and steady decrease from 544 to 501 patients. There were 698 admissions, with an average daily census of 528 patients. A total of 1,199 patients received care during the fiscal year and 190,652 of patient days were recorded.

Of the patients admitted, 80% were court ordered. There were 399 males (57%) and 299 females (43%). The admissions were divided into 72% Caucasians, 15% Hispanics, and 9% Blacks. Native Americans comprised only 2% of the number of admissions. Individuals entering the Hospital were primarily between the ages of 19 to 64 years old, although 29 children (4%) and 38 adults over 65 years of age (5%) were admitted.

The historical trend of having most admissions from Maricopa County continued with 64%. Pima County accounted for almost 10% of the admissions and the five Northern counties referred approximately 11%. These percentages translate into an admission rate of 22.5 admissions/100,000 population for Maricopa County and 10.5 admissions/100,000 population for Pima County. Yuma County showed the greatest admission rate with 34 admissions (38.0 admissions/100,000 population).

The reasons patients were admitted were essentially unchanged between FY87-88 and FY86-87. Schizophrenia and affective disorders were the most common disorders, although the affective disorders did exceed schizophrenia this year (38.8% versus 36.5%). The presence of children at the Hospital was reflected in the increased incidence of conduct disorders as a reason for admission.

The median length of stay (L.O.S.) for patients also decreased this year, with patients showing a L.O.S. of 99 days in FY87-88 in comparison to 104 days for FY86-87. Despite this, the rate of recidivism (patient readmission within 180 days of discharge) decreased slightly to 11.1%. This rate compares favorably to reports from other state mental health care facilities.

During FY87-88, 741 patients were discharged from the Hospital. Twelve patients died during the year, in comparison to eight in FY86-87 and thirty in FY85-86. The 1986 Annual Report noted that the average death rate for the four prior years had been approximately 25 deaths per year.

HOSPITAL ACCOMPLISHMENTS

During 1988, the Administration and staff at the Arizona State Hospital continued their efforts to improve and expand services to all patients. The Quality Assurance Program was significantly expanded during this year, with the quality assurance/utilization review process being designed under the direction of William Bonfield, M.D., who is the chairperson of the Hospital's Quality Assurance Committee. This committee, which now involves all clinical and support disciplines, is expected to further expand during 1989. The program now monitors and evaluates all surgical and medical care provided under contract with the Maricopa Medical Center and is actively monitoring documentation of patient care at the Arizona State Hospital.

In response to rising community standards and input from both the JCAHO and HCFA, several new psychiatric and non-psychiatric physicians were recruited and hired. By mid-1988, the Hospital employed 16.5 full-time equivalent psychiatrists and 6 non-psychiatric medical physicians.

In an effort to individualize treatment, the Hospital Administration inaugurated a patient oriented Sexually Transmittable Disease Prevention Program, as well as a Human Sexuality Educational Program. In addition, a Hospital-wide Chemical Dependency Program was expanded to meet the needs of all patients and several on-grounds medical clinics for surgical/medical subspecialties were established.

As a result of HB 2338, the Hospital was provided 56 additional Nursing Department positions. These included 14 Registered Nurses and 14 Licensed Practical Nurses. By the end of 1988, through the utilization of a full-time nurse recruiter, the Hospital's vacancy rate dipped below 7% for direct care registered nurse positions (seven out of 103 budgeted positions). While retention and staff morale remained a significant problem, the appointment of a new Director of Nursing and the expansion of the Hospital's Training and Education program is anticipated to positively impact on this problem.

Hospital staff took a leadership role in coordinating with the Office of Community Behavioral Health and community agencies to develop a new, creative concept in Arizona: Psychiatric Health Facilities (PHF's). These secured residential beds will be located throughout the state and will allow individuals to receive treatment in their local area, reinforce family involvement in patient care and approach alternatives to hospitalization in a more cost efficient manner.

The Board believes the hospital effectively meets the therapeutic needs of the patients, given the budgetary constraints. However, patient care is negatively affected by deterioration of the physical plant.

The Hospital staff, in conjunction with community behavioral health care programs, also developed a new concept for those clients who have been at the State Hospital, but who require a more structured environment than established residential programs. These facilities will allow clients to reenter the community and progress in their treatment program in a more individualized and client oriented residential setting.

The Board believes the hospital is effectively participating in and acting in a leadership role in developing a behavioral health continuum of care.

The Hospital also continued to address the Physical Plant requirements imposed upon it by OSHA standards, the JCAHO, and state licensure. An aggressive campaign to make staff aware of asbestos contamination was initiated, as were minor asbestos abatement and containment activities. The resurfacing and replacement of Hospital roadways began in late 1988 and is expected to address the repair of approximately 75% of the Hospital streets by early 1989. Through the assistance of the Advisory Board, several new ramadas were constructed to provide patients and families a place to relax outdoors. These ramadas, constructed by the Phoenix Carpenter's Union Apprenticeship Program, were built with volunteer labor and materials purchased by the Hospital. Additional physical plant renovations included the initiation of a preventive maintenance program, several new pieces of equipment for the Hospital's Dietary Services and a campus-wide building painting program. Numerous challenges remain and are identified as follows.

* Power Plant

- o Continue renovation of circulating water pump and rearrangement of piping.
- o Replace boiler #3 and rebuild cooler tower #2.

* Birch Building

- o Replace remaining refrigeration compressors with new high efficient units.
- o Renovate interior and replace carpet.

* Kachina Building

- o Install new air conditioning system and remove old units.
- o Replace cold water plumbing line in Kachina.
- o Remove asbestos, as required.

* Cholla Building

- o Implement plans to improve safety of the building in the event of fire; complete security system.

* Roof Repair

- o Complete Engineering phase for Dietary and Cholla roof repair.

* Building Exterior Maintenance and Repairs

- o Repair exteriors on all buildings within the next two years; e.g., major masonry repairs.

- o Paint all exteriors of buildings.
- o Construct outside ramadas (9) in cooperation with the Carpenter's Union.

* Building Interior Maintenance and Repairs

- o Replace ceilings in many of the buildings which are well over 25 years old.
- o Upgrade electrical distribution systems.
- o Paint, improve building insulation, install thermal windows and replace evaporative coolers.
- o Replace the Granada treatment unit elevator.
- o Upgrade the Hospital's fire alarm system - design phase only.

* Grounds Maintenance and Repairs

- o Improve the Hospital grounds which require constant attention; e.g., proper landscaping, removing and installing trees and plants.
- o Maintain roads, repair and replacement.
- o Replace irrigation lines.
- o Install in-ground sprinkler system around modular units.
- o Continue general maintenance and repair.

* Building Removal

- o Organize the demolition of condemned and/or outdated buildings in concert with the Master Plan.

* Master Plan

- o Complete architectural Master Plan for future campus use; submit to Department of Health Services.

* Asbestos Containment and Abatement

- o Continue staff awareness campaign.
- o Continue to train staff involved in exposures.
- o Develop operational and maintenance plan for facility.
- o Develop budget requests and plan for implementation of removal/encapsulation of high hazard materials.

* Dietary Building

- o Complete walk-in refrigerator repairs.
- o Complete facility renovation to improve hygiene and food production.

* Laundry Building

- o Complete renovation/replacement feasibility study.

Based on an evaluation of the Hospital's utilization and performance, the ASH Advisory Board remains strongly supportive of the current administration and their clinical goals and strategies. However, unmet needs throughout the entire State Behavioral Health System have negatively impacted on the Hospital's successful implementation of many prior Advisory Board recommendations (See Table II).

RECOMMENDATIONS

The following recommendations are presented as a part of the Board's statutory responsibilities and in response to the Board's growing concern over the need for a strong statewide behavioral health system that is anchored by an effective State Hospital system.

Planning: The Arizona State Hospital, in coordination with the Division of Behavioral Health Services and the Department of Health Services, must continue to develop a comprehensive multi-year plan to address the need for mental health services statewide. Such a plan should include the development of a statewide inpatient psychiatric hospital system, organized around a central facility at the present 24th Street campus, and thoroughly integrated into a functioning continuum of mental health services. This plan must have input from consumers, providers, and all other concerned parties and, therefore, should be developed only after seeking the input from all involved advisory boards, governing boards, task forces, advocacy groups, and providers. In addition, the master planning process, initiated late in 1988 by the Arizona State Hospital, must be completed in a timely fashion. This Master Plan, designed to address the future architectural and physical plant needs at the Hospital, should be utilized to generate architectural and engineering funds sufficient to provide a prototypic campus design so that new construction can occur soon after FY89-90. Any planning must be consistent with the Advisory Board's position that the present ASH campus remain in existence as an inpatient mental health facility.

Regionalization: The development of Psychiatric Health Facilities (PHF's) and additional Re-Entry Facilities (REF's) must continue. These facilities will allow for greater acute care and individualized treatment within communities. At the same time, the main ASH facility must be renovated (as determined by the above-mentioned Master Plan) and should be more of an intermediate to long-term facility that can provide specialized services not appropriate for a community setting. Every effort must be made to provide consistent treatment statewide so that any new programs are appropriately licensed

and monitored for compliance with Division of Behavioral Health's standards.

Budget: As funding for community based services is increased, it is essential that Hospital funding remain in proportion to continued demands for its specialized services. The Hospital's budget must be developed based on the acuity of services needed, not simply associated with census data. The continued deterioration of the Hospital's facility will require an increased amount of operational funding and this must continue until a new facility is constructed. The ability to adjust funding requests are essential, especially in a time where more community services are being developed and future population estimates are undetermined. Budgeting should be based on not only census projections, but also on patient acuity and facility maintenance. Furthermore, the Advisory Board remains insistent that any increase in community funding not occur at the expense of the Hospital system's budgeting. As noted in past Advisory Board reports, expenditures must not be restricted to budgets initially prepared two years in advance.

Staff Salaries and Administrative Issues: For the past three years, the State of Arizona has failed to provide performance oriented salary adjustments and has limited its pay raises only to those associated with a cost of living. This has a negative impact on personnel and should be addressed by the 1989 Legislature. While budgetary constraints are recognized to exist statewide, it is certainly a disincentive to employees to perform a professional and quality oriented job for over 36 months without appropriate monetary recognition. Further, the Board has become increasingly concerned over delays in the personnel system and procurement process. It is recommended that an examination be made of the statutory and administrative requirements which govern these processes.

Bed Capacity and Campus Utilization: Recent trends at the Hospital indicate a stabilization of the average daily census (A.D.C.) at approximately 500 patients and an A.D.C. of approximately 520 patients by the end of 1989-90. Independent variables such as commitment law changes, judicial interpretation and unanticipated population growth will affect this figure. Only through continued increased interaction

with community providers, the development of community based Psychiatric Health Facilities, and the increased utilization of Re-Entry beds can this population remain relatively constant. At the same time, the Hospital must develop an improved interaction with service providers, such as Long-Term Care, AHCCCS, and the Department of Economic Security Developmental Disabilities Division. This will allow for patients requiring specialized treatment, or not needing the intensity of services such as provided at the Hospital, to receive them in more appropriate settings. Older adults, mentally retarded/mentally ill patients, and individuals with behavioral abnormalities associated with head injuries should have their service needs met in facilities other than those at the Arizona State Hospital. The intricacies of such issues will require the assistance of the Department of Health Services and the Division of Behavioral Health Services. Certainly, the entire question of county versus state responsibility for local treatment will need to be addressed as part of this political process. The development of Psychiatric Health Facilities in rural settings will allow for local treatment that was previously nonexistent. Only through direct negotiations between the Department of Health Services and the county governments will the question of who is ultimately responsible for payment at these local treatment facilities be resolved.

A summary of 1986 through 1988 Arizona State Hospital Advisory Board recommendations (and a review of the status of each position) is provided in Table II. Ten out of fifteen issues are unchanged or unresolved. Much has improved, much remains to be done.

CONCLUSION

This has been a year of progress and continued challenges for the Arizona State Hospital and its Advisory Board. As the Advisory Board becomes more active and aggressive in advocating for improved services for the Hospital, it also becomes more aware of the unmet and ever growing needs at the facility. Recommendations often made in the past continue, especially those directed toward renovation of the campus, increased integration with community agencies, and the expansion of acute care facilities elsewhere in the state. At the same time, the Advisory Board recognizes that the Arizona State Hospital must not be crippled by a budgetary or personnel process that is not focused on the actual needs of patients or the physical facility.

It is the commitment of the Advisory Board to remain involved as spokespersons for the Hospital's needs. The Board unanimously supports the Hospital's current administration in its efforts to improve patient care and working conditions. Staff and patients have seen some improved conditions over the last year, including new roadways, the initiation of a master planning process, the implementation of a Quality Assurance program and the increased number of staff. At the same time, the Board continues to recognize the fragmentation of the entire state behavioral health system, the need for additional services statewide and the imperative need to reestablish the current campus as a contemporary and therapeutic environment for patient care.

TABLE I

ARIZONA STATE HOSPITAL
TOTAL NUMBER AND PERCENTAGE OF ADMISSIONS BY COUNTY
FY87-88, FY86-87, AND FY85-86

<u>COUNTY OF ADMISSION</u>	<u>FY87-88</u>		<u>FY86-87</u>		<u>FY85-86</u>	
	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>
APACHE	4	.57	4	.56	2	.33
COCHISE	12	1.72	4	.56	2	.33
COCONINO	19	2.72	18	2.50	16	2.68
GILA	12	1.72	11	1.53	11	1.84
GRAHAM	8	1.15	7	.97	5	.84
GREENLEE	0	.00	0	.00	2	.33
LA PAZ	0	.00	1	.13	0	.00
MARICOPA	447	64.04	475	65.97	373	62.37
MOHAVE	14	2.01	6	.83	6	1.00
NAVAJO	13	1.86	13	1.81	14	2.34
PIMA	69	9.89	71	9.86	62	10.37
PINAL	39	5.59	40	5.56	31	5.18
SANTA CRUZ	1	.14	0	.00	1	.17
YAVAPAI	26	3.72	37	5.14	30	5.02
YUMA	34	4.87	31	4.31	34	5.69
Out-of-State/Unknown	0	.00	2	.28	9	1.51
TOTALS	698		720		598	

TABLE II

ARIZONA STATE HOSPITAL
ADMISSIONS RATES PER 100,000 POPULATION BY COUNTY

<u>COUNTY OF ADMISSION</u>	<u>FY87-88</u>	<u>FY86-87</u>	<u>FY85-86</u>
APACHE	6.4	6.7	3.5
COCHISE	12.0	4.1	2.0
COCONINO	20.7	20.2	18.1
GILA	29.9	27.5	28.9
GRAHAM	32.4	28.0	21.3
GREENLEE	0.0	0.0	24.1
LA PAZ	0.0	7.1	0.0
MARICOPA	22.5	24.8	20.0
MOHAVE	17.7	7.8	7.8
NAVAJO	14.9	17.6	18.9
PIMA	10.5	11.0	9.6
PINAL	36.4	38.5	30.5
SANTA CRUZ	3.4	0.0	3.5
YAVAPAI	27.4	40.2	35.8
YUMA	38.0	35.2	36.8
 STATEWIDE RATE	 20.1	 21.4	 18.1

FY87-88 Admission Rates per 100,000 Population by County based on "Arizona Population Projections - Counties and Places, 1986 - 2035" prepared by the Arizona Department of Economic Security, Population Statistics Unit, April 1988 and approved by the Population Technical Advisory Committee on March 11, 1988.

TABLE III

MAJOR PROBLEMS AS NOTED IN
ARIZONA STATE HOSPITAL ADVISORY BOARD ANNUAL REPORTS

Problem	1985	1986	1987	1988
Lack of psychiatric nursing homes - creation of such facilities would provide appropriate care for elderly, frail and physically incapacitated psychiatric patients. The proposed benefits would include decreased costs and improved specialized care for this patient population.	First noted.	Budget request submitted.	Budget request denied; unresolved.	Unresolved; although minor negotiations with county long-term care systems.
Inadequate funding for ASH and mental health.	Noted as 46 out of 50 states.	Unresolved.	Noted as 51st or 52nd in most categories of mental health spending.	10% budget increase for ASH. Still significant statewide need.
Deteriorating facility.	First noted.	Unresolved.	Unresolved.	Unresolved.
Limited numbers of staff.	First noted.	Improved, but not resolved.	Positions lost during budget cutbacks.	Positions regained.
Small Adolescent Program.	Noted as serving a maximum of 22 patients.	Unchanged.	Unchanged.	Unchanged.
No services for children.	First noted.	Unchanged.	ASH opened 8 bed unit.	Resolved.
Limited outpatient programs and placement for discharged patients.	First noted.	Unresolved.	Unresolved.	Improved discharge rate without increase in recidivism

TABLE III

MAJOR PROBLEMS AS NOTED IN
ARIZONA STATE HOSPITAL ADVISORY BOARD ANNUAL REPORTS

Problem	1985	1986	1987	1988
Need to create a system of decentralized mental health facilities.	Noted as ASH being only site of state inpatient care.	Unresolved.	Unresolved.	First psychiatric health facilities and reentry facilities opened.
Need to reorganize the administration of mental health services and, if possible, create a separate Department of Mental Health.	First noted	Legislature created the Division of Behavioral Health.	Unchanged.	Unchanged.
Lack of flexibility in ASH budget makes it difficult to cope with fluctuations in the patient population.	First Noted.	Unresolved.	Unresolved.	Unresolved; increased delays with procurement and State Personnel.
Lack of Master Plan for mental health service delivery in Arizona.	First noted.	Unresolved.	Unresolved.	ASH has issued RFP for campus Master Plan.
Need for staffing and equipment for the Modular building constructed for family use in 1987-88.			First Noted.	No progress.

